

How to Avoid Financial Clawbacks (or Worse): Place of Service (POS) Codes 31 vs 32 Made Simple

Why This Matters: CMS is increasing oversight of POS coding due to new payment differentials and OIG concerns about overpayment. Incorrect POS selection creates significant compliance and financial risk, including denials, recoupments, and heightened audit scrutiny. Ensuring accurate POS coding is a **KEY** priority for all nursing home clinicians.

1. Know the Difference Between POS 31 and POS 32

31

**Patients under
Medicare
Part A
Skilled Nursing
Facility (SNF)**

32

**Patients in
custodial long-
term care
Nursing Facility
(NF)**

2. Improve Communication with Facility Staff

- Build relationships with MDS nurses, floor nurses, therapy (PT/OT), and business office.
- These staff know when patients transition between SNF/NF.

3. Create an Internal "POS Status Notification System"

Adopt simple workflows (or request turning into a policy) such as:

- Require a nursing note or alert when a patient's Part A status changes.
- Daily huddle reminders to update any transitions from:
SNF→NF or NF → SNF



PointClickCare
(PCC)→Census tab

MatrixCare
Resident Tab →Census →
Payer Source & Insurance
fields

EHRs vary widely and are customized by each facility (confirm whether fields can be modified). Ask staff where Part A status is in their EHRs.



Remember:

- ✓ **Medicare Part A Skilled Care (SNF) = POS 31**
- ✓ **Long-Term Care / Custodial Care (Medicaid or Private Pay) = POS 32**

(Note: Commercial plans may also use POS 31 for their patients under a paid skilled stay, check with your facility)